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FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 018026 (5)

1. Corporation Name
WEWAHITCHKA STATE BANK

Principal Place of Business
113 NORTH MAIN STREET
P.O. BOX 100
WEWAHITCHKA FL 32485

Mailing Address
113 NORTH MAIN STREET
P.O. BOX 100
WEWAHITCHKA FL 32465-0100



2. Principal Place of Business

21 126 N. Highway 71
Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Wewahitchka FL

24 Zip 32465 25 Country

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
05/27/1926

3a. Date of Last Report
02/08/1996

4. FEI Number

59-0506660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL 32465

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUMNER, WILLIAM C.	
STREET ADDRESS	ONE IDLEWOOD ROAD	
CITY - ST - ZIP	WEWAHITCHKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TRAYLOR, JAN G.	
STREET ADDRESS	HWY 71	
CITY - ST - ZIP	WEWAHITCHKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATHEY, WILLIAM A	
STREET ADDRESS	RT 3, BOX 136 A-1	
CITY - ST - ZIP	PORT ST JOE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORE, GEORGE	
STREET ADDRESS	202 8TH STREET	
CITY - ST - ZIP	PORT ST. JOE FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GASKIN, JERALD D	
STREET ADDRESS	137 W 5TH ST	
CITY - ST - ZIP	WEWAHITCHKA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUSBAND, CAROLYN M	
STREET ADDRESS	101 OLD DAIRY FM RD	
CITY - ST - ZIP	WEWAHITCHKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Carolyn Husband
Date: 1/21/97
Daytime Phone #: 904-639-2222

CR2E034 (9/96)